

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27438

State File No. \_\_\_\_\_

FILED SEP 4 1956

BIRTH NO. 52399-54 REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u>		c. CITY OR TOWN <u>Warrensburg</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 days</u>		e. STREET ADDRESS (If rural, give location) <u>413 Broad, St. 510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whiteman AF Base Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Clayton</u> c. (Last) <u>Burrow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 29 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u>	8. DATE OF BIRTH <u>August 19, 1956</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> Hours <u>-</u> Min. <u>-</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Township, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Kenneth Lloyd Burrow</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elinor Colling</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Lloyd Burrow</u> ADDRESS <u>413 Broad, Warrensburg, Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nepheline Membrane Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined Cause</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5272</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>

22. I hereby certify that I attended the deceased from 19 August, 1956, to 29 August, 1956, that I last saw the deceased alive on 29 August, 1956, and that death occurred at 8:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul A. Douch</u> (Degree or title) <u>CAPT USAF (MC)</u>	23b. ADDRESS <u>USAF Hospital Whiteman AF Base, Missouri</u>	23c. DATE SIGNED <u>30 Aug 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-31-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/31/56</u>	REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.R. Brauning</u> ADDRESS <u>Warrensburg, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

149-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J. M. Brumby.....

Licensed Embalmer No. 3377

P. O. Address Warrenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.